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CENTRAL FAX CENTER**December 8, 2005****DEC 08 2005**

To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818-493-2251
Attention: TECHNOLOGY CENTER 3700 Examiner: George C. Manuel Art Unit: 3762	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571-273-8300	Telecopier: 818/362-4795
RE: Request for Reconsideration App. No.: 10/648,080 Filed: 08/25/2003 Docket No.: A03P1057US01 Confirmation No. 3357	Number of pages being sent: <u>7</u> (including cover page)

**PLEASE DELIVER TO EXAMINER GEORGE MANUEL, Art Unit 3762.
Thank you.**

DEC 08 2005

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Paul A. Levine	Confirmation No.:	3357
Serial No.:	10/648,080	Examiner:	George C. Manuel
Filed:	08/25/2003	Art Unit:	3762
Docket No.:	A03P1057US01		
For:	SYSTEM AND METHOD FOR PROVIDING IMPROVED SPECIFICITY FOR AUTOMATIC MODE SWITCHING WITHIN AN IMPLANTABLE MEDICAL DEVICE		

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop OIPE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- Request for Reconsideration
 (2) Terminal Disclaimers...
 Transmittal Letter, Fee and Cert. of Mailing

I hereby certify that this correspondence is being facsimile transmitted to
the United States Patent and Trademark Office on:

December 8, 2005


Estella Pineiro Date

PATENT

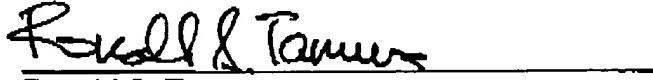
CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	6	20	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	3	3	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge - Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify: (2) Terminal Disclaimers					260
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$260**

<input checked="" type="checkbox"/> Charge Deposit Account No. 16-0068 the amount of	\$260**	A copy of this letter is enclosed.
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- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068
- Any additional filing fees required under 37 CFR 1.16.
- Any patent application processing fees under 37 CFR 1.17.
- The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068
- Any patent application processing fees under 37 CFR 1.17.
- Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 12/8/05


 Ronald S. Tamura
 Reg. No. 43,179
 Attorney for Applicants

CUSTOMER NUMBER: 36802